



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101
(619) 531-2250



AUTO PAWN

San Diego Municipal Code, Section 33.0101(c), states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to Pawnbrokers. Copies of the Pawnbrokers Ordinance and General Divisions Ordinances for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2nd Floor, Telephone No.: (619) 533-4000 or via the City's website: www.sannet.gov/(Department, City Clerk, Documents, Municipal Code), SDMC Chapter 3, Article 3, Divisions 11 and Divisions 1-5.

PLEASE PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR THE POLICE PERMIT:

- **POLICE PERMIT APPLICATION and BUSINESS ADDENDUM** - Each corporate officer, partner, and/or the person responsible for the day to day operations of the business is deemed an applicant and must provide an application. An applicant who is a corporation or partnership shall designate one (1) of its officers or general partners to act as its Responsible Managing Officer. On behalf of the corporate officers and partners, the Responsible Managing Officer may complete, sign and submit the Business Addendum. A criminal records check will be made on each applicant. A thirty (30) calendar day investigation period begins at the time the complete application is submitted. Applications must be submitted in person and may be submitted by the Responsible Managing Officer.
- **BUSINESS TAX CERTIFICATE** can be obtained from the San Diego City Treasurer's Office, 1200 Third Avenue (1st Floor), San Diego, CA 92101, Phone (619) 615-1500.
- **DEALER'S LICENSE** from California Department of Motor Vehicles 1-(800) 777-0133.
- A **FINANCIAL STATEMENT** confirming liquid assets in the amount of \$100,000. The financial statement shall be filed by the applicant under penalty of perjury and signed by a California Certified Public Accountant verifying that he/she has reviewed the financial statement.
- A **TWO (2) YEAR NON-REVOCABLE SURETY BOND** of \$20,000 in favor of the State of California.
- **LEASE/RENTAL AGREEMENT or PROOF OF OWNERSHIP** - A current copy of your lease/rental agreement and amendments for the property where the business is to be conducted or proof of ownership.
- **LIMITED PARTNERSHIP (IF APPLICABLE)** - A copy of the limited partnership's certificate filed with the County Clerk.
- **ARTICLES OF INCORPORATION (IF APPLICABLE)** - A current copy and amendments of the State of California Articles of Incorporation must be submitted if a corporation is applying.
- **STATE OF CALIFORNIA APPLICATION FOR SECONDHAND DEALER** - A completed State of California Application for Secondhand Dealer must be submitted along with a separate business check, money order or cashier's check in the amount of \$195.00, made payable to the Department of Justice (see attached).
- **LIVE SCAN FINGERPRINTS** are required for all new applicants. Fill out the attached "Request for Live Scan Service" form and bring it with you to the Live Scan agency. (See attached list of locations.) **The completed "Request for Live Scan Service" form is valid for only thirty (30) from the date your fingerprints were taken. After thirty (30) days you will be required to re-do your Live Scan fingerprints.**
- **IDENTIFICATION** - A current U.S. government issued photo identification card (i.e. Driver's License, Military I.D.) is required.
- **INVESTIGATION and REGULATORY FEES** - Cash and checks are accepted. Please make checks, money orders and cashier's checks payable to City Treasurer. **NO THIRD PARTY OR OUT OF STATE CHECKS WILL BE ACCEPTED.** The application fee covers the cost of investigating and processing the application and is non-refundable.
 - * Regulatory Permit Fee \$250.00
 - * Investigation Fee \$104.00 (per applicant and is NON-REFUNDABLE)

NOTE: The granting of a police permit does not relieve the applicant from obtaining all appropriate approvals required by the City of San Diego, State, or Federal law. The granting of a permit does not relieve a permittee from the permittee's obligation to comply with all applicable Local, State, and Federal laws, including those related to building, zoning, fire, and other public safety regulations. The granting of a police permit does not vest any development rights in the property or business (SDMC 33.0309). In order to legally operate your business and to establish that your business location is suitable, it is **strongly recommended** that you first obtain the following:

ZONING APPROVAL - This can be obtained from the City of San Diego Development Services, 1222 First Avenue, 3rd Floor, San Diego, CA 92101, Telephone No.: (619) 446-5000.



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1400 'E' STREET, MS-735, SAN DIEGO, CA 92101

Telephone No.: (619) 531-2250



APPLICATION

TYPE OF PERMIT: _____

☐ Owner ☐ Employee ☐ Partner ☐ Corporate Officer ☐ LLC

Date of Birth: _____ Driver's License/ID #: _____ State: _____

Applicant's Full Name: _____
Last First Middle

Other Names Used: (Maiden, Alias, Etc.) _____ Stage Name: _____

Residence Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Res. Ph. () _____ Bus. Ph. () _____ Cell Ph. () _____ Fax () _____

Internet Web Site Address/Auction Site User Name: _____

Soc. Sec. #: _____ Place of Birth: _____

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Race: _____ Sex: _____

Business Where Applicant Expects to be Employed:

Business Name: _____ D.B.A.: _____

Business Address: _____ City, State, Zip: _____

1. List previous residence addresses for the last five (5) years:

	Complete Addresses last five years	Year Date From	Year Date To
1			
2			
3			
4			
5			

FOR OFFICE USE ONLY

App. Date: _____ Permit Number: _____ Received by: _____ ☐ Live Scan Rec: _____

Records Check: _____

☐ RI01 ok or _____

Initials/ID # _____

Approving PCCO: _____ Date: _____

2. List previous occupations, places of employment and/or schooling for the last five (5) years.

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. IF NONE, INITIAL HERE: _____

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.				
2.				
3.				

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes () No ()

If yes, please complete below:

	CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.			
2.			
3.			

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

IF NONE, INITIAL HERE: _____

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

APPLICANTS: The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.



Police Permit Application
BUSINESS ADDENDUM

SAN DIEGO POLICE DEPARTMENT
1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101



PLEASE COMPLETE ALL SECTIONS
(TYPE OR PRINT LEGIBLY)

TYPE OF PERMIT: _____ LOCATION: _____

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC

Business Name: _____ D.B.A. _____

Business Address : _____ City & Zip: _____

Mailing Address: _____ City & Zip: _____

Business Tax Certificate # _____

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		
4		

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR:

NAME	RESIDENCE ADDRESS	TITLE
		PRESIDENT
		VICE PRESIDENT
		SECRETARY
		TREASURER

FOR OFFICE USE ONLY

DATE FILED:		
RECEIVED BY:		
DEVELOPMENT SERVICES – ZONING		FIRE & LIFE SAFETY DEPARTMENT
APPROVED BY:		APPROVED BY:
DATE: PHONE:		DATE: PHONE:

APPROVING OFFICER: _____ DATE: _____

IF PARTNERSHIP, LIST NAME AND RESIDENCE ADDRESS OF EACH PARTNER, INCLUDING LIMITED PARTNERS:

NAME	RESIDENCE ADDRESS	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE ☐ OWNED ☐ LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

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I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

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APPLICANT'S SIGNATURE

DATE OF APPLICATION

RESPONSIBLE PERSON COMPLETING APPLICATION IF NOT APPLICANT - PRINT & SIGN

TITLE/POSITION

Live Scan Fingerprint Information

Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. ***Fingerprints must be taken by a governmental agency.*** The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

The following are acceptable US Governmental Agencies located in San Diego County:

CHULA VISTA

Chula Vista Police Department
315 Fourth Street
Chula Vista, CA 92010
(619) 409-5954
M - F (8am-12pm) **Appointments Only**
M - F (1pm-4pm) **Appointments Only**
www.chulavistapd.org

LA JOLLA

UCSD Police Department
9500 Gilman Dr #0017
La Jolla, CA 92093
(858) 534-4361 **Appointments Only**
M - F 9am-3pm

SAN DIEGO

San Diego City Schools Police Services/EOC Bldg
4100 Normal St
San Diego, CA 92103-2682
(619) 725-7015 **Appointments**
(619) 725-7014 (Information)
T - F (8:30am-1pm) **Walk In**
T - F (2pm-4pm) **Appointments Only**
Not open to general public on Monday's
Closed School Holidays

SAN DIEGO - LSID X54/ML1

San Diego Community College Police
1536 Frazee Road, 1st Floor
San Diego, CA 92108
Contact: (619) 388-6416
M-Th (7:30am-5pm) **Wlk**
F (7:30am-12 noon) **Wlk**
E-mail address: dpicou@sdcc.edu

ESCONDIDO

Escondido Police Department
700 W Grand Ave
Escondido, CA 92025
Contact: (760) 839-4431
M - F (9:00am-3:30pm) **Appointments Only**

LA MESA

La Mesa Police Department (Storefront)
6119 Lake Murray Blvd
La Mesa, CA 91942
(619) 667-1342
M, T, W (10am-4pm) **Appointments/Walk In**
Th, F (9am-3pm) **Appointments/Walk In**

SAN DIEGO

San Diego State University
5500 Campanile Dr
SSE-1410
San Diego, CA 92182
(619) 594-3193
M - F (8am-4pm) **Appointments Only**

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: CA0349400 Type of Application: (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: (Check one) ☒ Secondhand Dealer ☐ Pawnbroker

Agency Address Set Contributing Agency:

DOJ/BCIA Secondhand Dealer/Pawnbroker Unit

Agency authorized to receive criminal history information

P.O. Box 903387

Street No.

Street or PO Box

Sacramento

CA

94203-3870

City

State

Zip Code

05467

Mail Code (five-digit code assigned by DOJ)

N/A

Contact Name (Mandatory for all school submissions)

(916) 227-3688

Contact Telephone No.

Name of Applicant:
(Please print)

Last

First

MI

AKA's:

Last

First

CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female

Misc. No. BIL - Applicant to pay at site
Agency Billing Number (if applicable)

HT: _____ WT: _____

Misc. No. _____

EYE Color: _____ HAIR Color: _____

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
N/A

POB: _____

Street or PO Box

SOC: _____

N/A

City, State and Zip Code

Your Number: _____

OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service



DOJ



FBI

Employer:

(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

N/A

Employer Name

N/A

N/A

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

N/A

N/A

City

State

Zip Code

()

Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date _____

Transmitting Agency

ATI No. _____

Amount Collected/Billed _____

APPLICATION FOR SECONDHAND DEALER OR PAWNBROKER LICENSE

A. TYPE OF APPLICATION: (Check the appropriate box)

☐ APPLICATION FOR SECONDHAND DEALER LICENSE (21641 B&P)

☐ APPLICATION FOR PAWNBROKER LICENSE (21300 FC)

☐ APPLICATION FOR RENEWAL:

☐ Secondhand Dealer License (21642 B&P) State License No.: _____

☐ Pawnbroker License (21301 FC) State License No.: _____

DOJ USE ONLY

RECEIVED: _____

ORI: _____

EST: _____

COMPLETED: _____

B. LICENSING AGENCY INFORMATION: (To be completed by licensing agency only)

LICENSING AGENCY: _____ DATE: _____
(Substation if Applicable)

Mailing Address City ZIP Code

LICENSING OFFICIAL: _____ PHONE: (____) _____
Name Title

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE APPLICANT(S)

C. BUSINESS OWNER(S) : (Name of individual, partners, or corporate officers)

_____ Name	_____ Title	(____)	_____ Home Phone
_____ Name	_____ Title	(____)	_____ Home Phone
_____ Name	_____ Title	(____)	_____ Home Phone

ATTACH ADDITIONAL SHEET IF NECESSARY. CHECK CIRCLE IF ADDITIONAL SHEET IS USED. ○

D. BUSINESS INFORMATION:

BUSINESS NAME: _____ PHONE: (____) _____

Street Address City ZIP Code

BUSINESS OWNERSHIP: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION
(If corporate name differs from business name, complete the following)

CORPORATION NAME: _____ PHONE: (____) _____

Street Address City ZIP Code

E. OFF SITE STORAGE LOCATION:

WILL PROPERTY BELONGING TO THE BUSINESS BE STORED OFF THE BUSINESS PREMISES?
(Check) YES* ☐ NO ☐ *If "yes," please provide the address location below:

Off Site Storage Street Address City ZIP Code

F. MULTIPLE SECONDHAND DEALER OR PAWNBROKER BUSINESSES:

DO ANY PARTIES TO THIS APPLICATION HAVE A FINANCIAL INTEREST IN ANY OTHER SECONDHAND DEALER OR PAWNBROKER BUSINESSES IN CALIFORNIA? (Check) YES* ☐ NO ☐

*If "yes," please provide the Business Name, Address, City and State Assigned Secondhand Dealer or Pawnbroker License Number on an additional sheet of paper, and check circle if additional sheet is used. ○

G. ADDITIONAL INFORMATION:

HAVE ANY PARTIES TO THIS APPLICATION EVER BEEN CONVICTED OF AN ATTEMPT TO RECEIVE STOLEN PROPERTY OR ANY OTHER PROPERTY RELATED CRIME? (Check) YES* ☐ NO ☐

*If "yes," please provide the applicant's name, date and details of the arrest or conviction on an additional sheet of paper, and check the circle if additional sheet is used. ○

H. CERTIFICATION:

"As the person responsible for completing the application for the business, I certify under the penalty of perjury that the information on this application is true and complete to the best of my knowledge."

SIGNATURE

TITLE

DATE